DISABILITY GLA(M. WORKSHLL. -- I.H.I. ADMINISTRATION

| | POLICY NO. H00538069 NAME: | FR. NO. B. O. 71542 KEARNEY, CHRIS | 1006066 | STATE PLAN OH 57615 12.68 VILLAGE | SUCTAL S | SECURITY NUMBER | ? | _ |
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| | ADDRESS: | 16168 ∀1ttA65-W | 0005 0R - | 109775 TH | eed | Hortspan | 型以 | |
| | | CINCINNATI, OH LUMBOSACRAL SPI | NE SPRAIN | -W/SUSPICION OF | DISC IN | IVOL | | · · · |
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| | REINSTATEME MONTHLY INC | NT DATE: / / | 6 +2-30 LE | ID TO DATE: 0 | 6/28/93 | DATE: 06/ | 15/93 | |
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| | WAIVER OF P | REMIUM DATE: 57/ | 5-183 | DEMNITY PERIOD: | AGE | | | |
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DISABILITY CLAIMS WOR SHEET -- I.H.I. ADMINISTRATION

| | FR. NO. | | | | PLAN | SOCIAL | SECURITY | NUMBER | |
|--------------|-----------|------------|----------|---------|--------|----------|----------|---|---|
| H00538069 | | 71542 | 1006066 | 0H | 57615 | | | | |
| NAME: | KEARNEY, | CHRIS L | | | | | | ************************************** | |
| ADDRESS: | 12168 VI | LLAGE WO | DDS DR | | | | | | |
| | CINCINNA | II, OH 4 | 45241 | | | | | | |
| DIAGNOSIS: | MAJOR DE | PRESSION | , CHRONI | C AND A | CUTE | | | ······································ | |
| AGE: 40 | DATE OF | BIRTH: 1 | 1/09/52 | SEX: 0 | 1 000 | : 3 | .IMITED. | VES | |
| INCURRED DA | TE: | - 82/89/91 | 3 co | NTRACY | DATE. | 05/29/0 | 00 | - | |
| REINSTATEME | NT DATE | nt / k | 23(a PA | ID TO D | ATE: | 11/28/9 | d DA | E: 11/01/94 | |
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| SUC. SEC. B | ENEFI H | 225 | | SS F.I. | | | | | |
| ELIMINATION | | 90 | | | | : AGE 6 | S SIEV | | |
| WAIVER OF P | REMIUM DA | TE: 05/09 | 5/93 | , | | + 110L (| A OTEN | | |
| DEMACUS. | | | | | | | | *************************************** | - |

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DATE "HIS OCC.":

/ / DATE BENEFITS TERMINATE: / / / / / /

| REINSURANCE | : YES | NO | | | | · · · · · · · · · · · · · · · · · · · |
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| POS | Tr. 19-1-48 | 130 | 18249 | P | MOV U i ived | ··· |
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| THEAT | 06-01-96 | 1 | | 1 | 1996 B 8 1004 | |

DISABILITY CLAIMS WORKSHEET -- 1.H.I. ADMINISTRATION. AGENT STATE PLAN SOCIAL SECURITY NUMBER POLICY NO. FR. NO. 1006066 OH 57615 71543 H00493029 KEARNEY, CHRIS NAME: 12168 VILLAGE WOODS DR ADDRESS: CINCINNATI, OH 45241 DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES AGE: 40 02/09/93 CONTRACT DATE: 05/28/90 INCURRED DATE: REINSTATEMENT DATE PAID TO DATE: 11/28/94 DATE: 02/07/95 LESS FICA: none SOC. SEC. BENEFER LESS F.I.T.: ELIMINATION PERIOD: INDEMNITY PERIOD: 2 YR SICK WALVER OF PREMIUM DATE: 05/05/93 REMARKS; 19250 La. 5-6 DATE "HIS OCC.": DATE BENEFITS TERMINATE: 05/06/95 HGE 65 REINSURANCE: YES C.A. PERIOD DAYS AMOUNT RES DATE STATUS Fr. 04/01/94 To 11/01/94 Fr. 11/01/94 210 19,250.00 RP 02/07/95 Io 01/01/95 Fr. 01/01/95 60 5,500.00 ρ 02/17/95 To 03/01/95 60 5,500.00 03/08/95 Fr. 03/01/95 To 05/01/95 60 5,500.00 05/04/95 Fr. 05/01/95 2,750.00 06/12/95 JUL 18 1995 AUG 2 4 1995 SFP 15 1995 30 OCT 0 3 1995 MOV 0 7 1995 DEC U 3 1985 30 10/2-01-05 JAN 0 4 1896 30 FEB 8 5 1996 MAR 1 3 1996 APR 0 9 1996 MAY 1 0 1996 0957 JUN 0 5 1995 07-01-96

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| DIAGNOSIS: AGE: 40 INCURRED DA | LUMBOSACRAL SPIN DATE OF BIRTH: 1 TE: 02/05/9 | 1/09/52 | W/SUSPICION OF SEX: 01 OCC: NRACT DATE: 05 | 3 1.11 | VOL Mited: Yes By: | |
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| POLICY NO.: RUDS 28069 NAME: KARANNY, CHATE E Fr. 04/01/96 70. 08/01/97 70. 08/01/9 | - OUL | 5.10 | Jan ₽ | usidual | | | - | |
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| | To 08/01/98 | 30 | 2,160.00 | P | 08/04/98 | P |
| | Fr. 08/01/98 | | | | | <u> </u> |
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| all W | Fr. 8/1/99 | 30 | 2272 00 | P | SEP 0 8 1999 | |
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| 1 (A) | Fr. 19-1-49 | 30 | 22129 | | 1 1 1 | |
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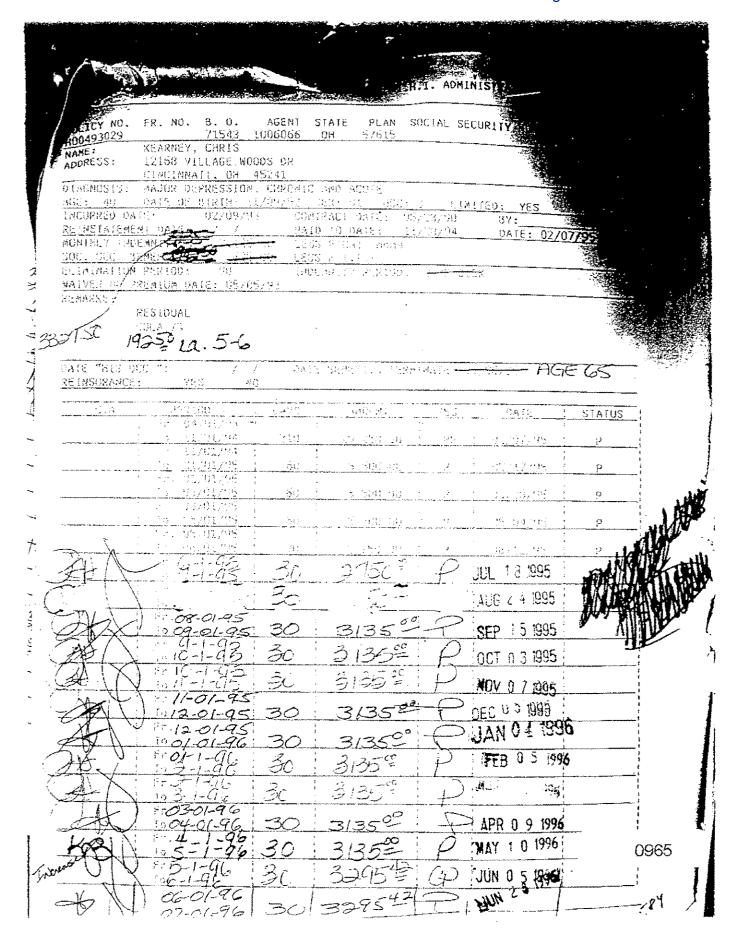
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